

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90202 014 ****50.00

965588



DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002491

1. Entity Name

WHITECO RESIDENTIAL, LLC

Principal Place of Business

**77 WEST WACKER DR., STE. 4200
 CHICAGO IL 60601**

Mailing Address

**77 WEST WACKER DR., STE. 4200
 CHICAGO IL 60601**

2. Principal Place of Business

WHITECO RESIDENTIAL

Suite, Apt. #, etc.

SUITE 1100

City & State

CHICAGO, IL

Zip

60610

Country

3. Mailing Address

350 NORTH LASALLE STREET

Suite, Apt. #, etc.

City & State

4. FEI Number

36-4287271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **PRIME RESIDENTIAL, LLC**
 STREET ADDRESS **77 WEST WACKER DR., STE. 4200**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **WHITECO RESIDENTIAL**
 STREET ADDRESS **350 NORTH LASALLE STREET SUITE 1100**
 CITY-ST-ZIP **CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)